

PART III - SECTION J
LIST OF ATTACHMENTS

1. Business Declaration Form - Attached
2. Customer Satisfaction Survey – Attached
3. Sample Site Specific Statement of Work

BUSINESS DECLARATION

Tax Identification
No.:

1. Name of Firm: _____
2. Address of Firm: _____
3. Telephone Number of Firm: _____
4. a. Name of Person Making Declaration _____
- b. Telephone Number of Person Making Declaration _____
- c. Position Held in the Company _____
5. Controlling Interest in Company ("X" all appropriate boxes)
- ☐ a. Black American ☐ b. Hispanic American ☐ c. Native American ☐ d. Asian American
- ☐ e. Other Minority (Specify) _____ ☐ f. Other (Specify) _____
- ☐ g. Female ☐ h. Male ☐ i. 8(a) Certified (Certification letter attached) ☐ j. Service Disabled Veteran Small Business
6. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes ☐ b. No (If "NO," provide the name and telephone number of the person who has this authority.) _____

7. Nature of Business (Specify all services/products (NAIC)) _____
8. (a) Years the firm has been in business: _____ (b) No. of Employees _____
9. Type of Ownership: ☐ a. Sole Ownership ☐ b. Partnership
- ☐ c. Other (Explain) _____
10. Gross receipts of the firm for the last three years:
- | | |
|-------------------------|---------------------------|
| a.1. Year Ending: _____ | b.1. Gross Receipts _____ |
| a.2. Year Ending: _____ | b.2. Gross Receipts _____ |
| a.3. Year Ending: _____ | b.3. Gross Receipts _____ |
11. Is the firm a small business? ☐ a. Yes ☐ b. No
12. Is the firm a service disabled veteran owned small business? ☐ a. Yes ☐ b. No
13. Is the firm a socially and economically disadvantaged small business? ☐ a. Yes ☐ b. No

**I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING _____
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I
AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF
18 USCS 1001.**

14. a. Signature _____ b. _____
- c. Typed Name _____ d. _____

CUSTOMER SATISFACTION SURVEY
Qualified Vendors List (QVL) for Membrane Roof Repair/Replacement
SIR No. DTFAWM-11-R-00105

SECTION I – To be completed by the Offeror and provided to the Customer Reference

Name of Firm Being Evaluated: _____

Project Title and Location: _____

Project Dollar Value: \$ _____ Year Completed: _____

Project Manager: _____ Telephone No: _____

SECTION II – To be completed by the Customer reference and Mailed, Faxed, Emailed or Hand Delivered to:

By Mail:

DOT Federal Aviation Administration
Acquisition Group ANM-52
Attn: Clarence Davis
1601 Lind Avenue, SW
Renton, WA 98057-3356

By Fax

(425) 227-1055
Attn: Clarence Davis

By Email

clarence.davis@faa.gov

Hand Deliver:

Same as mailing address

The firm shown in Section I has submitted a proposal on a Federal Aviation Administration project and listed you as a reference. Part of our evaluation process requires information on the firm's past performance. Your input is important to us and your response is required by _____ for inclusion in this evaluation.

In the blocks below, please indicate your overall level of satisfaction with work performed by the firm shown in Section I. Please circle or otherwise mark the number (1 low through 5 high) that best represents your level of satisfaction for each of the category listed. Mark Not Applicable (N/A) for any area that do not apply. Please provide any additional comments on page 2.

	On this project, the firm:	Low					High	N/A
1	Demonstrated knowledge of removing and replacing existing built-up roofing systems.	1	2	3	4	5		
2	Directly superintend the work or assign and have on site a competent superintendent with the authority to act for the Contractor.	1	2	3	4	5		
3	Kept you informed and treated you as important member of the team	1	2	3	4	5		
4	Display flexibility in responding to your needs	1	2	3	4	5		
5	Display initiative in problem solving	1	2	3	4	5		
6	Resolve your concerns	1	2	3	4	5		
7	Complete your project milestones on time	1	2	3	4	5		
8	Managed the project effectively (including adequate cost controls)	1	2	3	4	5		
9	Managed their work force effectively (including subcontractors)	1	2	3	4	5		
10	Maintained an effective quality control program	1	2	3	4	5		
11	Provide warranty support	1	2	3	4	5		
12	Maintained operational continuity at existing facility during project	1	2	3	4	5		
13	Minimized adverse construction impacts on ongoing operations	1	2	3	4	5		
14	Your OVERALL Level of Customer Satisfaction	1	2	3	4	5		
15	Was payment withheld or liquidated damages assessed? (If yes, please describe below)	Yes		No				N/A

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16 **REMARKS:** (Discuss strengths and weaknesses of the firm)

Your Name: _____ Telephone Number _____

Firm Name: _____

Relationship to this project: _____

Contractor to install white galvanized flashing, 18 gage or greater, over all exposed fascia wood, prior to installing membrane.

Membrane is to extend over edge and be fasten down with aluminum ¼ x1inch edging. All details of membrane connection to outside edge are to be indicated in shop drawings and approved by COTR/RE before construction begins.

Membrane Material to be used is 0.060 thickness PVC, fully adhered IB, or Sarnafil

Membrane Material to be used is 0.060 thickness PVC, mechanically fastened IB, or Sarnafil

Installer must supply Government with 20 year manufacture's warrantee covering both workmanship and material.

All present roofing must be removed down to clean plywood. Any plywood that has been damaged is to be replaces. This will take no more than 10 sheet of plywood matching original material. All excess or scrap material is to be disposed of off-site and at contractor expense.

Contractor is to edge roof with treated 2x4s and install 1 ½ inch ISO insulation with 60 mil, PVC membrane no wider that 4ft., over insulation. Membrane fastening to present roof to be no more that 12 inches apart on seams. 4 inch by 8 inch painted white flashing to be placed on all edges of roof.

Install ½ demsdeck or FAA approved equivalent over entire roof area under membrane.

Contractor is to supply crane for removal/replacement of dome. Dome weight is approximately 1500lbs. FAA personnel will remove/install dome and do all electrical/electronic connections.

All work will have to coordinate with a facility shut-down. Facility will only be shut-down for a 14 days. Contractor to supply sufficient labor to accomplish all work during this 14 day period.

Special care must be taken to seal to the "Tepee" in the center and around the edges where monitors are placed. Membrane is to extend over edge and be fasten down with aluminum ¼ x1inch edging. All details of membrane connection to TEPEE and around outside edge are to be indicated in shop drawings and approved by COTR/RE before construction begins.

Remove 5 ply asphalt built up roof. All excess or scrap material is to be disposed of off-site and at contractor expense.

Install 5/8 inch AC plugged/touched, exterior glue plywood over entire roof

Remove all old EDPM roof material. All excess or scrap material is to be disposed of off-site and at contractor expense.
